

and premature responses. While they reacted slower than controls in the easy versions of the tasks, they took less time in the difficult conditions, most prominently so in the combined auditory and visual modality, and much more errors.

**Conclusion:** We conclude that primary sensory function is unimpaired, but the following process of stimulus comparison (working memory) and the initiation of motor response both seem impaired. When faced with increasingly difficult tasks, they speed up responses disproportionately at the cost of less accuracy.

### P02.269

#### ATTITUDES AND PERCEPTIONS RELATED TO DRUG ABUSE IN A SAMPLE OF GREEK USERS, EX-USERS AND PROFESSIONAL WORKERS

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**Objective:** This study describes the attitudes and perceptions of a sample of Greek users, ex-users and professional workers towards the nature and the etiology of drug addiction problem.

**Material - Method:** A sample of 120 users (U) and 84 ex-users (EU), randomly selected from the outpatient drug free drug addiction clinic of Athens University Psychiatric unit, were interviewed using a structured interview. An other sample of 80 medical doctors (MD) and 85 police and probation officers (P & PO) were also interviewed using a similar questionnaire.

**Results:** Among the findings of interest were views as follows:

- 50% of the users and 45.2% of ex-users cite fashion as a primary cause for their starting using drugs. Other reasons reported by the users, as a cause for their initial drug involvement were "personal problems" (U = 35%, EU = 45.7%) and "others" (U = 38.3%, EU = 29.4%).
- The vast majority of users and ex-users consider themselves responsible for their involvement with drugs (U = 95%, EU = 90.5%).
- The majority of the medical doctors and the police and probation officers believe that drug addicts consist a medical patient population (MD = 81.2%, P & PO = 80.9%).
- According to the perception of the second sample the two main factors responsible for the initiation of drug addiction are immediate family (MD = 68.7%, P & PO = 89.2%) and addicts personality (MD = 86.2% P & PO = 84.5%)
- Approximately three-quarters of the members of the first sample believe that the other people view them as "ill" (U = 73.3%, EU = 67.8%) and to a lesser extend as "foolish" (U = 48.3%, EU = 46.4%)

**Conclusion:** Findings from this study show that different groups involved in drug addiction phenomenon hold different attitudes and perceptions about its nature and etiology. The findings are discussed in terms of treatment implications and the need for attitudinal education in the training and selection of health professionals for work with substance abusers is emphasized.

### P02.270

#### ATTITUDES AND PERCEPTIONS OF PROFESSIONAL WORKERS FACING DRUG ADDICTION PROBLEMS

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**Objective:** This study describes the attitudes of a sample of professional workers towards various aspects of drug addiction

problem. These subjects work in the field of drug addiction in various activities.

**Material - Method:** A sample of 80 medical doctors (MD) in hospital units and 85 police and probation officers (P & PO), were interviewed using a structured questionnaire.

**Results:** Individuals support views as follows:

- The majority of those sampled concern that drug addicts consist a medical patient population (MD = 81.2%, P & PO 80.9%,  $p = 0.000$ ).
- The two main factors responsible for the initiation of drug abuse are immediate family (MD = 68.7%, P & PO 89.2%,  $p = 0.001$ ) and addicts' personality (MD = 86.2%, P & PO 84.5%,  $p = 0.5$ ).
- The most effective type of therapeutic facility are therapeutic communities (MD = 86.2%, P & PO 75%,  $p = 0.05$ ) and to a lesser extend outpatients clinics (MD = 42.5%, P & PO = 33.3%,  $p = 0.1$ ).
- Half of the members of both groups report that the treatment modalities provided by the state are effective enough (MD = 42.5%, P & PO = 54.7%,  $p = 0.1$ ) but the vast majority of the sample concern that much more treatment modalities are needed to be established in order to face drug related problems. (MD = 97.5%, P & PO = 99.4%,  $p > 0.5$ )
- 82.5% of medical doctors and 57.6% of police and probation officers believe that it is possible for drug addicts to reach and maintain abstinence for the rest of the ir life ( $p < 0.001$ ).

### P02.271

#### PHARMACOKINETIC DRUG INTERACTION POTENTIAL OF RISPERIDONE AS ASSESSED BY THE DEXTROMETHORPHAN, THE CAFFEINE AND THE MEPHENYTOIN TEST

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Two published case reports showed that addition of risperidone (1 and 2 mg/day) to a clozapine treatment resulted in a strong increase of clozapine plasma levels<sup>1,2</sup>. As clozapine is metabolized by cytochrome P450 isozymes (mainly CYP1A2 and CYP3A4), a study was initiated to assess the in vivo interaction potential of risperidone on various cytochrome P450 isozymes. Eight patients were phenotyped with dextromethorphan (CYP2D6 and CYP3A4), mephenytoin (CYP2C19) and caffeine (CYP1A2) before and after the introduction of risperidone. Before risperidone, all eight patients were phenotyped as being extensive CYP2D6 and CYP2C19 metabolizers. Risperidone, at dosages between 2 and 6 mg/day, does not appear to significantly inhibit CYP1A2 and CYP2C19 in vivo (median plasma paraxanthine/caffeine ratios before and after risperidone: 0.65, 0.69;  $p = 0.89$ ; median urinary (S)/(R) mephenytoin ratios before and after risperidone: 0.11, 0.12;  $p = 0.75$ ). Although dextromethorphan metabolic ratio is significantly increased by risperidone (median urinary dextromethorphan/dextrorphan ratios before and after risperidone: 0.010, 0.018;  $p = 0.042$ ), risperidone can be considered as a weak in vivo CYP2D6 inhibitor, as this increase is modest and as none of the eight patients was changed from an extensive into a poor metabolizer status. With regard to CYP3A4, although the dextromethorphan/methoxymorphinan metabolic ratios were increased (median urinary dextromethorphan/methoxymorphinan ratios before and after risperidone: 4.55, 8.88;  $p = 0.068$ ) in the four patients for whom ratios could be measured (levels of methoxymorphinan were below the limit of quantitation in four patients), this increase was only marginally significant ( $p = 0.068$ ). Another study with another marker of CYP3A4 activity and with a larger number of subjects is needed

to assess the in vivo inhibition potential of risperidone towards CYP3A4, as an inhibition of CYP3A4 by risperidone could, at least partially, explain the case reports describing an increase of clozapine concentrations following the introduction of risperidone.

- (1) Koreen AR et al., *Am J Psychiatry* 1995; 152: 1690  
 (2) Tyson SC et al., *Am J Psychiatry* 1995; 152: 1401–2

### P02.272

#### FOLLOW UP STUDY OF ATYPICAL ANTIPSYCHOTICS FOR PATIENTS WITH PSYCHIATRIC DISORDERS AND INTELLECTUAL DISABILITY

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**Aims:** To evaluate clinical outcome of the use of atypical antipsychotics for patients with psychiatric disorders and intellectual disability one year after commencing treatment.

**Method:** All patients included in the initial study and having been commenced on either Risperidone or Olanzapine were followed up one year later. Data were collected prospectively on a specifically designed questionnaire. Clinical outcome was measured by the Clinical Global Impressions scale (CGI).

**Results:** Twenty-one patients who were commenced on an atypical antipsychotic were followed up one year later. Further 16 subjects were added to the initial sample making a total number of 37 (20 on Olanzapine and 17 on Risperidone). Both atypical antipsychotics were well tolerated in the one year follow-up and patients maintained their clinical improvement. More detailed analysis of the results will be presented.

**Discussion:** This is an open prospective one-year follow up naturalistic study of the use of atypical antipsychotics in adults with intellectual disability. Although the study is limited by the small number of cases, there have been very few studies of the use of atypical antipsychotic in the adult intellectually disabled population and we are not aware of a follow up study of such a long duration.

- (1) Williams H., Clarke R., Bouras N. and Holt G. (2000): Use of atypical antipsychotics olanzapine and risperidone in adults with intellectual disability. *Journal Intellectual Disability Research*, 44.

### P02.273

#### 10 YEAR FOLLOW UP OF A SCOTTISH SCHIZOPHRENIA COHORT

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Between 1988 and 1990, 161 long stay psychiatric in-patients were identified in Gartnavel Hospital, Glasgow of whom 91 fulfilled DSM-IV criteria for schizophrenia. A detailed psychiatric assessment was carried out which was repeated in 1999 following a decade of discharges and resettlement in the community. Measures included the BPRS and Krawiecka Scales (psychopathology), AIMS, Simpson and Angus and Barnes Scales (movement disorder) and a rehabilitation assessment (Morningside). 46 patients were reassessed of whom 23 remained as in-patients. 32 of the original cohort had died. The 3 commonest causes of death were heart disease cancer and pneumonia, accounting for 85% of the mortality. The BPRS scores were unchanged ( $t = -0.38$ ,  $p = 0.70$ ). The level of positive and negative symptoms also remained unchanged ( $p = 0.73$  and  $0.83$  respectively). There was a significant reduction in

parkinsonian side effects, with Simpson and Angus scores declining from a mean of 6.43 ( $\pm 7.01$ ) to 1.52 ( $\pm 0.64$ ) ( $t = 3.40$ ,  $p = 0.001$ ). This may reflect the change to an atypical antipsychotic in 24.5% of patients (including 75% of the hospital patients). These outcomes will be compared with other similar studies.

### P02.274

#### TRAINING MODEL IN PSYCHOTHERAPY FOR GENERAL PHYSICIANS

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Training model for general physicians in psychotherapeutic approach will be described. Psychotherapeutic approach is an integration of psychotherapy with somatic medicine. Our model of training expand the clinical experience of general physicians in managing the psychosocial problems of patients. One of the main topics of our training model is doctor-patient interviewing and Balint groups. Our experiences and results from the period of 15 years will be summarized.

### P02.275

#### WEIGHT GAIN WITH ANTIPSYCHOTIC MEDICATION – TWO YEARS FOLLOW UP STUDY

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In Slovakia obesity is not as common as in United States /USA- obesity 31% men, 35% women according to body mass index/. Weight gain in adulthood and overweight on the other hand are highly frequent /Slovakia-overweight 48% men, 31% women/.

For most patients treated with antipsychotics the crucial period for weight gain is the acute treatment phase. Over period of 12 weeks treatment 57% of our patients gained 5–10% of their initial body weight, 30% gained less than 5% and 13% lost or did not change their initial body weight. Type of antipsychotic was not considered.

The aim of our present open and prospective study was to evaluate changes in body weight over period of two years of antipsychotic treatment.

57 patients with diagnosis of schizophrenia and delusional psychotic disorder were involved. Their weight was measured 12 times a year. Patients were distributed to cohorts according to weight gain more than 10%, 5%, up to 5%, no change or decrease of initial weight. Than type of antipsychotic medication was considered.

There was a significant weight gain with typical antipsychotics. Most patients gained up to 5%. There were only 2% patients that become obese according to body mass index. Most patients still remained in overweight level.

### P02.276

#### THE IMPACT OF HUNTINGTON'S DISEASE ON CAREGIVERS: THE CZECH EXPERIENCE

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**Background:** Personal, social, economical problems of CG of patients with HD and their consequences are often ignored by physicians and not accepted for intervention and support.

**Design/Methods:** 21 CG (4 wives, 8 husbands, 7 daughters, 1 mother, 1 son) were investigated by means of structured interview